

## VEHICLE MECHANICAL INSPECTION RECORD

Please check one:  Ambulance       Invalid Vehicle

Service \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Year of Mfg \_\_\_\_\_ Make/Mfg \_\_\_\_\_ Type/Model \_\_\_\_\_ License Tag No \_\_\_\_\_ Permit No \_\_\_\_\_

Unit Call No \_\_\_\_\_ Odometer Reading \_\_\_\_\_ VIN# \_\_\_\_\_

**Please Mark P =PASS F=FAIL on each item below**

TIRES	P	F	Wheels	P	F	HVAC	P	F	STEERING	P	F
1. Size/Type	<input type="checkbox"/>	<input type="checkbox"/>	12.Rims/Size	<input type="checkbox"/>	<input type="checkbox"/>	22. Cool Air/Heat <20°>	<input type="checkbox"/>	<input type="checkbox"/>	34.Linkage Play	<input type="checkbox"/>	<input type="checkbox"/>
2. Tread depth (min.4/32")	<input type="checkbox"/>	<input type="checkbox"/>	13.Deformity	<input type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b>	<b>P</b>	<b>F</b>	35.Free Turning	<input type="checkbox"/>	<input type="checkbox"/>
3. Condition/Damage	<input type="checkbox"/>	<input type="checkbox"/>	<b>BRAKES</b>	<b>P</b>	<b>F</b>	25. Fuel Pump	<input type="checkbox"/>	<input type="checkbox"/>	36.Alignment (Toe-in)	<input type="checkbox"/>	<input type="checkbox"/>
4. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	14. Failure Indicator	<input type="checkbox"/>	<input type="checkbox"/>	26. Hoses, Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<b>SUSPENSION</b>	<b>P</b>	<b>F</b>
<b>EXHAUST SYSTEM</b>	<b>P</b>	<b>F</b>	15. Pedal Reserve	<input type="checkbox"/>	<input type="checkbox"/>	27. Filters, Canister	<input type="checkbox"/>	<input type="checkbox"/>	37 Stabilizer Bar	<input type="checkbox"/>	<input type="checkbox"/>
5. Manifold	<input type="checkbox"/>	<input type="checkbox"/>	16. Hydraulic/Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	28. Carburetor/Injectors	<input type="checkbox"/>	<input type="checkbox"/>	38. Springs	<input type="checkbox"/>	<input type="checkbox"/>
6. Pipes & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	17. Friction Material	<input type="checkbox"/>	<input type="checkbox"/>	29. Fuel Lines	<input type="checkbox"/>	<input type="checkbox"/>	39. Shock Absorbers	<input type="checkbox"/>	<input type="checkbox"/>
7. Muffler	<input type="checkbox"/>	<input type="checkbox"/>	18. Mechanical Parts	<input type="checkbox"/>	<input type="checkbox"/>	30. Fuel Tank	<input type="checkbox"/>	<input type="checkbox"/>	40. Bushings	<input type="checkbox"/>	<input type="checkbox"/>
8. Bracket/Hanger	<input type="checkbox"/>	<input type="checkbox"/>	<b>HVAC</b>	<b>P</b>	<b>F</b>	31. Brackets, Straps	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELECTRICAL</b>	<b>P</b>	<b>F</b>
9. Floor Board & Floor Pan	<input type="checkbox"/>	<input type="checkbox"/>	19. Blowers/ front& rear	<input type="checkbox"/>	<input type="checkbox"/>	32. Fuel Cap & Filter	<input type="checkbox"/>	<input type="checkbox"/>	41. Volt & Amp Gauges	<input type="checkbox"/>	<input type="checkbox"/>
10. Exhaust Pipe/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	20. Defroster/front &rear	<input type="checkbox"/>	<input type="checkbox"/>	<b>STEERING</b>	<b>P</b>	<b>F</b>	42. All OEM/DOT Lighting	<input type="checkbox"/>	<input type="checkbox"/>
11. Engine Emission	<input type="checkbox"/>	<input type="checkbox"/>	21. AC & Heater hoses	<input type="checkbox"/>	<input type="checkbox"/>	33.System Play	<input type="checkbox"/>	<input type="checkbox"/>	43. Horn	<input type="checkbox"/>	<input type="checkbox"/>

The herein named vehicle has been inspected and was found to be:       Acceptable       Unacceptable

Inspecting Agency \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  

Street
City
State
Zip

Inspector/Mechanic  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Service Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Shop Foreman /Chief Mechanic's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE REFERENCE BY NUMBER AND DESCRIBE QUESTIONABLE OR FAILED ITEMS. USE REVERSE SIDE FOR ADDITIONAL SPACE.**

**COMMENTS:** \_\_\_\_\_